

ERRATA

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: ALL COUNTY LETTER NO. 91-60

DATED: July 2, 1991

July 3, 1991

Please insert the attached two English Notice of Action (NOA) message forms:

MF44-315BT(9/91) - Change, 1991 MAP Rollback

MF44-315CT(9/91) - Other, 1991 MAP Rollback

into Attachment 4 of All County Letter (ACL) No. 91-60 dated July 2, 1991.

These two pages replace the following NOA Message Forms, which are to be removed and discarded from the ACL(English only):

M44-315BT(7/91) - Change, 1991 MAP Rollback

M44-315CT(7/91) - Other, 1991 MAP Rollback

The pages to be removed should not be confused with the NOA Messages carrying the same numbers (which are unchanged) or with the Spanish NOA Message Forms with the same numbers (which are also unchanged).

NOTICE OF ACTION

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Notice Date : _____
Case Name : _____
Number : _____
Worker Name : _____
Number : _____
Telephone : _____
Address : _____

(ADDRESSEE)

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As of _____, the County is changing
your cash aid from \$ _____ to \$ _____.

Here's why:

On September 1, 1991, a change in State law will lower the
Maximum Aid amount that you can get.

Your new cash aid amount is figured on this notice.

Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can
ask for a hearing. The back of this page tells how. Your
benefits may not be changed if you ask for a hearing before
this action takes place.

If you want a hearing, send your request to
Administrative Adjudication Division
P.O. Box 168013
Sacramento, CA 95816-8013

rather than to the address on the back.

This will allow quicker handling of your appeal.

Monthly Cash Aid Amount

Section A	Your Countable Income in _____ (MONTH)
Total Earned Income	\$ _____
Work Expense Disregard	- _____
\$30 Disregard	- _____
\$30 and 1/3 Disregard	- _____
Dependent Care Disregard	- _____
Other Countable Income (list sources)	_____
	+ _____
	+ _____
	+ _____
Court Ordered Support Paid	- _____
Net Countable Income	= _____

Section B	Your Cash Aid In _____ (MONTH)
1. Basic Need for _____ Persons	\$ _____
2. Special Needs	+ _____
3. Subtotal	= _____
4. Net Countable Income	- _____
5. Subtotal A	= _____
6. Maximum Aid for _____ Persons	\$ _____
7. Special Needs	+ _____
8. Subtotal B	= _____
9. Cash Aid Amount (Lesser of Subtotal A or B)	\$ _____
10. Overpayment Adjustment (separate page)	- _____
11. Monthly Cash Aid Amount	= _____

Rules: These rules apply; you may review them at your welfare
office. MPP 44-315; W&I Code, Section 11450

NOTICE OF ACTION

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Notice Date : _____
Case Name : _____
Number : _____
Worker Name : _____
Number : _____
Telephone : _____
Address : _____

(ADDRESSEE)

On September 1, 1991, a change in State law will change the way we figure your cash aid, but this does not change how much you get.

You will still get \$ _____.

The new way your cash aid is figured is shown on this notice.

Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

If you want a hearing, send your request to

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Monthly Cash Aid Amount

Section A	Your Countable Income in _____ (MONTH)
Total Earned Income	\$ _____
Work Expense Disregard	- _____
\$30 Disregard	- _____
\$30 and 1/3 Disregard	- _____
Dependent Care Disregard	- _____
Other Countable Income (list sources)	_____
	+ _____
	+ _____
	+ _____
Court Ordered Support Paid	- _____
Net Countable Income	= _____

Section B	Your Cash Aid In _____ (MONTH)
1. Basic Need for _____ Persons	\$ _____
2. Special Needs	+ _____
3. Subtotal	= _____
4. Net Countable Income	- _____
5. Subtotal A	= _____
6. Maximum Aid for _____ Persons	\$ _____
7. Special Needs	+ _____
8. Subtotal B	= _____
9. Cash Aid Amount (Lesser of Subtotal A or B)	\$ _____
10. Overpayment Adjustment (separate page)	- _____
11. Monthly Cash Aid Amount	= _____

Rules: These rules apply; you may review them at your welfare office. MPP 44-315; W&I Code, Section 11450